

**BUTZEL LONG**  
ATTORNEYS AND COUNSELORS

Suite 200  
100 Bloomfield Hills Parkway  
Bloomfield Hills, MI 48304-2949  
(248) 258-1616

Fax: (248) 258-1439

RECEIVED  
CENTRAL FAX CENTER

JUN 07 2005

## Fax Cover Sheet

Please deliver the following pages to:

Name: Examiner M. Trinh GAU 3729

Firm: U.S. Patent and Trademark Office

City & State: \_\_\_\_\_

Fax Number: 703-872-9306

File Reference: 132702-102

From:

Name: William J. Clemens

Date: June 7, 2005 Time: 9:23 AM

☐ Please Confirm Transmission

Contact Phone No 248-593-3019

Message: Please see the following Amendment for filing in patent application S/N 10/775,607.

Thank you.

OIP/EXJQW/S

JUN -8 2005

RECEIVED

This material is intended only for the individual or entity to which it is addressed. It may contain privileged, confidential information which is exempt from disclosure under applicable laws. If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this material (other than to the intended recipient) or copying this material. If you have received this communication in error, please notify us immediately by telephone and return this material (and all copies) to us by mail at the above address. On request, we will reimburse you for any cost of return. Thank you.

Number of Pages (including this cover page) 8

If you do not receive all of the pages, please call back as soon as possible

Office Services: (248) 258-4495

BEST AVAILABLE COPY


PTO/SB/17 (12/04v2)

Approved for use through 07/31/2006. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b> Effective 01/01/2003. Patent fees are subject to annual revision.		Complete if known	
		Application Number	10/775,607
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 10, 2004
		First Named Inventor	Conte
TOTAL AMOUNT OF PAYMENT (\$ 1.020 )		Examiner Name	M. Trinh
		Group/Art Unit	3729
		Attorney Docket No.	132702-102 (formerly 16638)

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number <u>12-2136</u> Deposit Account Name <u>Butzel Long</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION						
<b>1. Basic Filing, Search, and Examination Fees</b>						
	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
Fees Paid (\$)						
<b>2. EXCESS CLAIM FEES</b>						
Fee Description						Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						Fee (\$)
Multiple dependent claims						Fee (\$)
Total Claims - 20 or HP =						Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.						Multiple Dependent Claims
Indep. Claims - 3 or HP =						Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.						
<b>3. APPLICATION SIZE FEE</b>						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
	/50 =	(round up to a whole number)	x	=		
<b>4. OTHER FEE(S)</b>						
Non-English Specification, \$130 fee (no small entity discount)						Fee Paid (\$)
Other (e.g., late filing surcharge): 3-month extension of time						1.020
SUBMITTED BY						Complete (if applicable)
Typed or Printed Name: William J. Clemens						Reg. No. 26,855
Signature: 						Date June 7, 2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

000132702/0102/629631-1

BEST AVAILABLE COPY

**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted  
to the Commissioner for Patents on:

JUNE 7, 2005  
Date of signature and transmission

By William J. Clemens  
William J. Clemens

RECEIVED  
CENTRAL FAX CENTER

JUN 07 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: CONTE	) Group Art Unit: 3729
Serial No.: 10/775,607	) Examiner: M. Trinh
Filed: February 10, 2004	) Attorney Docket: 132702-102
For: CABLE-PROCESSING DEVICE	) (formerly 16638)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUPPLEMENTAL AMENDMENT UNDER 37 CFR 1.116**

Honorable Sir:

Please amend the above-identified application as indicated on the following pages.

**REQUEST FOR EXTENSION OF TIME**

It is respectfully requested that the time for filing a response to the Final Office Action be extended three (3) months up to and including July 4, 2005. The Commissioner is hereby authorized to charge the \$1,020.00 extension of time fee under 37 CFR § 1.17(a)(2) to our deposit account no. 12-2136. A Fee Transmittal form, PTO/SB/17 is enclosed herewith authorizing a charge to our Deposit Account No. 12-2136. Should any additional time be required, please consider this a conditional petition therefore, and charge our deposit account.

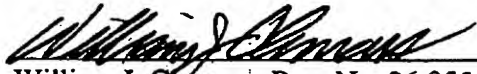
06/08/2005 JBALINAN 00000035 122136 10775607

01 FC:1253 1020.00 DA

000132702/0102/629624-1

BEST AVAILABLE COPY

Respectfully submitted,

  
William J. Clemens, Reg. No. 26,855  
(248) 593-3019

Butzel Long  
Suite 200  
100 Bloomfield Hills Parkway  
Bloomfield Hills, MI 48304

000132702/0102/629624-1

BEST AVAILABLE COPY